

DOCKET FILE COPY ORIGINAL

RECEIVED & INSPECTED


FEB 24 2003

FCC - MAILROOM

Request for Waiver
CC Docket Nos. 96-45 and 97-21
Funding Year 07/01/2001 - 06/30/2002
Form 471 Application Number 224199
Funding Request Number 515976

New Castle Community School Corporation
322 Elliott Avenue
New Castle, IN 47362
765-593-6691
765-593-6693 (Fax)
Billed Entity Number 130613

Contact:

Larry Koby 
522 Elliott Avenue
New Castle, IN 47362
larry@nccsc.k12.in.us

Funding Commitment Decision \$6,240.00

Reimbursement Request Decision Explanation:
Invoice after last day for Fund Year.

Basis for Request for Waiver

This funding request, 515976, is for long distance services from Broadwing Telecommunications, SPIN number 143004042. Due to the requirement of obtaining a third party signature on the Form 472, the form and supporting documentation was faxed November 27, 2002. Attached is exhibit number 1, our fax confirmation. The signed Block 4 Service Provider Acknowledgement was returned January 3, 2003 as indicated in exhibit number 2. Despite numerous phone calls to the vendor, the form ~~was~~ dated and returned after the allowable last day of December 6, 2002 for funding year, which is the reason given for denial. The requirement of this signature and the lack of promptness of the vendor should not be a basis for denial of ~~an~~ approved funding commitment decision. New Castle Community School Corporation is requesting the Schools and Libraries Division be instructed to release the \$487.38 requested November 27, 2002. New Castle Schools is showing good cause. Therefore a waiver is appropriate because of special circumstances warranting a deviation from the general rule and such deviation will serve the public interest.

No. of Copies rec'd 
List ABCDE

New Castle Schools
FRN # 515976
471 App. # 224199
Exhibit 1

MESSAGE CONFIRMATION

11/27/02 09:33

ID=NEW CASTLE SCHOOL TECH OFFICE

DATE	TIME	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT
11/27	09:28	04'23"	BROADWING	CALLING	10	OK 0000

New Castle Schools
FRN # 515976
471 App. # 224199
Exhibit 2

BILLED ENTITY APPLICANT Reimbursement Form	
471 Billed Entity Applicant Name <u>New Castle Community Schools</u>	
471 Billed Entity Applicant Number <u>130613</u>	
Contact Person Name <u>Larry Kopy</u>	
Contact Telephone Number <u>765-583-6691</u>	
Reimbursement Form Number <u>broadwing2001</u>	
Block 4: Service Provider Acknowledgment	
I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:	
A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 10 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.	
B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discount for the Billed Entity Applicant Reimbursement Form.	
22. Signature of authorized person (fax, copy or original signature)	23. Date (required) <u>11/3/02</u>
24. Printed name of authorized person (required) <u>OSALINIA GARCIA</u>	25. Title, position of authorized person (required) <u>AR</u>
26. Telephone number of authorized person (required) <u>512-742-6450</u>	
27. Address of authorized person (required) <u>Austin, TX 78704</u>	
Page 4 of 4 pages	
FCC Form 472 - October 1998	

A paper copy of this Form (pages 1-4) should mailed to:

SLC-BEAR Form
P. O. Box 7028
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLC-BEAR Form
do Ms. Smith
3833 Greenway Drive
Lawrence, KS 66045

[Handwritten signature]

[Handwritten signature]
\$487.38

4r 4

NO. 003

NEW CASTLE SCHOOL TECH OFFICE + BROADWING

09:28

11/27/02